# **Suicide Contagion**

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Suicide contagion is not a new phenomenon. Evidence of suicide clusters and imitative deaths has been reported in accounts from ancient times through the twentieth century. Concern about suicide contagion has increased due to a number of highly publicized suicide outbreaks among teenagers and young adults in recent years and to new evidence that a significant number of suicides appear to be associated with suicide stories in the mass media.

## Who gets involved in cluster suicide?

Clusters have been reported among psychiatric inpatients, high school and college students, Native Americans, marine troops, prison inmates and religious sects. My own research found that suicide clusters in the U.S. occur predominantly among teenagers and young adults. Just as occurs in sporadic suicides, behavioral and psychiatric problems make cluster members more susceptible to suicide.

#### How common are clusters?

A study my colleagues and I conducted found that clustered suicides account for 1%-5% of all teen suicides in the US, with considerable variation by state and year. Every year in the United States 100 to 200 youngsters die in suicide clusters, and there are signs that the rate is rising. These estimates do not include clusters of attempted suicides, as there is no registry of suicide attempts.

### What provokes suicide clusters?

While clusters have included friends or acquaintances in the same school or church, it is not necessary for the decedents to have direct contact with each other: sometimes knowledge of the first suicides were obtained through the news media. Other mechanisms, such as a shared environmental stressor, may also underlie suicide clusters. Our research is studying the mechanisms that initiate and sustain a suicide cluster.

#### How do we prevent clusters?

The Centers for Disease Control developed guidelines for the community response to a suicide cluster. The recommendations include (1) convening a coordinating committee from all concemed sectors of the community: education, public health, mental health, local government, and suicide crisis centers; (2) delivering a public response that minimizes sensationalism and avoids glorifying the suicide victims; (3) evaluating and counseling close friends of the deceased and suicide attempters who may be at high risk.

#### What is the media's involvement with suicide?

The media provides the means by which information about a suicide can be obtained indirectly, without direct personal contact with a suicide victim. Research on the impact of suicide stories has largely focused on the reporting of nonfictional suicides in the mass media. The suicide of a celebrity covered in the newspapers may result in millions of people being exposed. Findings that support an imitation hypothesis have been reported by the majority of studies despite their variation in method, location, and type of variables. There is general consensus from these studies that prominent newspaper (or television) coverage of a suicide has the effect of increasing suicide behavior within the readership(viewing) area of the newspaper (network). The magnitude of the increase is related to the "attractiveness" of the individual whose death is being reported and the amount of publicity given to the story.

Research on the effect of fictional stories has been contradictory with some studies finding an effect while others do not; this inconsistency could be a result of the different ways that the studies were carried out, or because of the much more varied nature of fiction. Our previous research suggested that an increase in teenage suicides in the greater New York area followed fictional films featuring suicidal behavior that were broadcast on television in the fall and winter of 1984-85. When the study was extended to other metropolitan areas the results indicated an effect in some but not all locations.

## How should the media report suicide?

Careful reporting by journalists and community officials can minimize the risk of suicide contagion. I participated in a joint workshop of media representatives, health officials and researchers, that was sponsored by the Association of State and Territorial Health Officials. The workshop asked that media portrayels avoid oversimplifying the many factors that cause the suicide, and not sensationalize the suicide, glorify the victim, or make suicide appear to be a rewarding experience or an appropriate or effective tool to achieve personal gain. Other guidelines suggest that the media not depict the method of the suicide and give less emphasis to stressors or simplistic psychological processes, such as "pressure," since most suicide victims have long-standing mental health problems; include hot line or other service agency numbers; and avoid "massive" or repeated doses of press coverage.

In summary, there is a growing evidence for the role of contagion and imitation as a mechanism in suicidal behavior. However, even when imitation has played a role, the individual's susceptibility and stresses will be important. Suicide is caused by many factors even when it occurs in a cluster or after a news or fictional story in the media.